Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935
Madison, WI 53708-8935

FAX #: (608) 267-3816
Phone #: (608) 266-5511

1400 E. Washington Avenue
Madison, WI 53703
E-Mail: web@drl.state.wi.us
Website: http://www.drl.state.wi.us

DIVISION OF PROFESSIONAL CREDENTIALING PROCESSING

APPLICATION FOR TRANSFER OF CEMETERY PRENEED SELLER REGISTRATION

NO FEE

TYPE OR PRINT IN INK

SECTION A: TO BE COMPLETED BY APPLICANT

LAST NAME	FIRST NAME	MI

STREET ADDRESS AT WHICH YOU RESIDE. A POST OFFICE BOX ALONE IS NOT SUFFICIENT FOR LICENSING

Number	Street	Apartment Number

City	State	Zip Code

DATE OF BIRTH	DAYTIME TELEPHONE NUMBER	ENTER YOUR PRENEED SELLER REGISTRATION NUMBER
month day year	( ) _____ - _____	

APPLICANT MUST SIGN IN THE PRESENCE OF A NOTARY PUBLIC.

I hereby swear and affirm that the answers set forth are true and correct to the best of my knowledge and belief and I understand that failure to comply with the license law or rules and regulations of the Wisconsin Department of Regulation and Licensing will be cause for disciplinary action.

_____
Signature of Applicant

_____
Date

Subscribed and sworn before me this _____ day of _____ , _____

_____
Signature of Notary Public   (Seal)

_____
Date Commission Expires

Wisconsin Department of Regulation & Licensing

SECTION B: **PLACE A CHECK MARK IN FRONT OF ONE OF THE FOLLOWING AND FILL IN THE BLANK, IF APPLICABLE:**

Reason for completing this form:

☐   I am transferring from the employment of   _____ to the preneed seller listed below.

☐   I will work for more than one preneed seller employer and the preneed seller listed below is in addition to the preneed seller employer(s) the Department already has on record.

SECTION C: **TO BE COMPLETED BY PROSPECTIVE PRENEED SELLER/EMPLOYER**

ENTER NAME OF EMPLOYER EXACTLY AS IT APPEARS ON THE EMPLOYER'S REGISTRATION CERTIFICATE.

_____

_____

OFFICE USE ONLY

ENTER THE REGISTRATION NUMBER OF THE EMPLOYING PRENEED SELLER NAMED ABOVE.

ENTER MAIN OFFICE TELEPHONE NUMBER   (   )

ENTER THE BUSINESS ADDRESS OF THE MAIN OFFICE OF THE EMPLOYING PRENEED SELLER

Number	Street	
City	State	Zip Code

This statement must be signed by a corporate officer of the employing Preneed Seller.

This is to certify that I will assume responsibility for the applicant pursuant to the Department rules.

Last	First	Initial	Title

Signature	Date